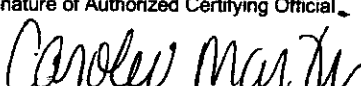


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission ARMC Renovation		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0053-DC-2002-I6		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) South East Alaska Regional Health Consortium 3245 Hospital Drive Juneau, AK 99801					
4. Employer Identification Number 92-0056274		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/1/2002		To: (Month, Day, Year) 3/31/2007		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2007	
		To: (Month, Day, Year) 3/31/2007			
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		2,887,273.96	6,244.39	2,893,518.35	
b. Recipient share of outlays		1,029,969.92	6,244.39	1,036,214.31	
c. Federal share of outlays		1,857,304.04	0.00	1,857,304.04	
d. Total unliquidated obligations				0.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				0.00	
g. Total Federal share(Sum of lines c and f)				1,857,304.04	
h. Total Federal funds authorized for this funding period				1,857,386.00	
i. Unobligated balance of Federal funds(Line h minus line g)				81.96	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Carolee Martin			Telephone (Area code, number and extension) 907-463-4062		
Signature of Authorized Certifying Official 			Date Report Submitted April 9, 2007		

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-111

